



Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Alberte, R., et al.

Application No: 09/405,299

Filed: September 23, 1999

For: Environmentally Benign Crop  
Protection Agents

Examiner: Yamnitzky, M.

Art Unit: 1649

Attorney Document No. PHA-005.01

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that this Change of Address and Change of Docket Number is being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to Customer Corrections Branch, Assistant Commissioner for Patents, Washington, D.C. 20231, on June 4, 2001.

  
Robert King

REQUEST FOR CORRECTION OF FILING RECEIPT

RECEIVED

SEP 12 2001

TC 1700

Sir:

Please make the following corrections in the formal Filing Receipt, a copy of which is enclosed and highlighted for your convenience, for the above-identified patent application:

The title of the invention is incorrect. Please change from Environmentally Benign Crop Protection Agent to **Environmentally Benign Crop Protection Agents**

Should there be any questions concerning this request, the Examiner is invited to contact the undersigned at (617) 832-1000.

Respectfully Submitted,



Dana M. Gordon, Ph.D.

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Date: June 4, 2001

**Customer No: 25181**

Patent Group

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/405,299	09/23/1999	1649	895	PHA-005.01	10	70	2

## CONFIRMATION NO. 9329

25181  
FOLEY, HOAG & ELIOT, LLP  
PATENT GROUP  
ONE POST OFFICE SQUARE  
BOSTON, MA 02109

## CORRECTED FILING RECEIPT



\*OC000000006102799\*

Date Mailed: 05/22/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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*[Signature]*  
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## Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/159,814 09/23/1998

MAY 24 2001

PATENT DEPT.  
DOCKETING

## Foreign Applications

If Required, Foreign Filing License Granted 10/15/1999

*[Signature]*  
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SEP 12 2001

*[Signature]*  
**TC 1700**

Projected Publication Date: N/A

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

ENVIRONMENTALLY BENIGN CROP PROTECTION AGENT

Please change to ENVIRONMENTALLY BENIGN CROP PROTECTION AGENTS  
Preliminary Class

800

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Data entry by : VILLARIVERA, NORMA

Team : OIPE

Date: 05/22/2001





## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 9329

SERIAL NUMBER 09/405,299	FILING DATE 09/23/1999 RULE	CLASS 428	GROUP ART UNIT 1774	ATTORNEY DOCKET NO. PHA-005.01
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**APPLICANTS**

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SEP 12 2001

**TC 1700**

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 10/15/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ME	SHEETS DRAWING 10	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

ENVIRONMENTALLY BENIGN CROP PROTECTION AGENTS

FILING FEE RECEIVED 895	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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